

NATIONAL IMMUNIZATION PROGRAMME

**EVALUATE VACCINATION
COVERAGE**



**Ministry of Health and Family Welfare
Government of India
New Delhi
1989**

~~0246~~

02535



EVALUATE VACCINATION COVERAGE

COMMUNITY HEALTH CELL

326 V Main, I Block Koramangala
Bangalore - 560 034

THIS BOOK MUST BE RETURNED BY
THE DATE LAST STAMPED

Adapted from the WHO module for mid-level managers
— Manage the Cold Chain System

EVALUATE VACCINATION COVERAGE

TABLE OF CONTENTS

								Page
	INTRODUCTION	...	...	...	...	...	...	1
1.0	PRELIMINARY ACTIVITIES	...	...	...	...	...	...	3
	Exercise A	...	...	...	...	...	...	5
2.0	FIELDWORK	...	...	...	...	...	...	10
	Exercise B	...	...	...	...	...	...	21
	Exercise C	...	...	...	...	...	...	26
3.0	TABULATE DATA	...	...	...	...	...	...	28
	Exercise D	...	...	...	...	...	...	28
	Exercise E	...	...	...	...	...	...	29
4.0	EVALUATE PROGRAMME	...	...	...	...	...	...	39
	Exercise F	...	...	...	...	...	...	39
5.0	LAMENESS SURVEY	...	...	...	...	...	...	42
6.0	PLAN REVISIONS IN VACCINATION ACTIVITIES	...	...	...	...	...	...	46
7.0	PROVIDE FEEDBACK	...	...	...	...	...	...	46

EVALUATE VACCINATION COVERAGE

INTRODUCTION

Vaccination activity should not be an end in itself. Vaccinations should lead to immunity against the particular disease and reduction in morbidity and mortality.

Providing vaccination does not guarantee a reduction in disease morbidity and mortality. The FULL COURSE of the vaccines must be given at the RIGHT AGE and the vaccines used must be POTENT.

The accurate measurement of vaccination coverage is an essential step in determining expected reductions in morbidity and mortality from the vaccine preventable diseases. It is one of the ways to evaluate effective operation of your programme.

The vaccination coverage evaluation surveys will help to:

- 1) give a true picture of the vaccination status of the target population.
- 2) cross check the results with your routine reporting system.
- 3) identify other agencies participating in the programme to improve coordination in the future.
- 4) identify the areas with good and poor coverage
- 5) determine whether the vaccines are being given at the right age.
- 6) identify the positive and negative factors affecting the programme. Modify the action plan accordingly.

As a programme manager, you will be interested in accurate information on vaccination coverage and also the reasons if coverage falls below your expectations. Low coverages are primarily due to:

- poor attendance
- high drop outs.

If there is poor attendance in the immunization centres or people do not return for the required subsequent doses, then you should know the reasons for this. Only then you can take corrective action. This supplementary information is also collected during the survey.

Additional information can be collected during the survey, which is not part of the vaccination coverage assessment, but still provides useful information for you as the manager of the immunization programme. In this module we have combined the lameness survey for children under 5 years and antenatal care for expectant mothers.

Without the use of surveys, you have to rely only on health centre records which may provide inaccurate or misleading information. For example, health centre records may indicate that 80% of the children in a community are being vaccinated. A coverage evaluation survey may show that 30% of these children have been vaccinated at the wrong ages. You must conduct a field survey to have an accurate idea of how many people you are vaccinating. This can be done in a systematic way so that only a sample of the population will need to be surveyed to obtain valid results.

Done on a periodic basis (for example, once a year) a coverage evaluation survey will provide you with reliable information which you can use to make changes, if necessary, in your vaccination activities. Specifically, it will tell you whether or not you are meeting your vaccination coverage objectives. These objectives state the percentage coverage of pregnant women and infants you are expected to vaccinate in a given year. It should, however, be remembered that vaccination activity is not an end in itself. **IT SHOULD LEAD TO IMMUNITY AGAINST THE DISEASE AND REDUCTION IN MORBIDITY AND MORTALITY.**

The steps for performing a coverage evaluation survey and for analysing its results form the content of this module. The process is a relatively simple one.

STATEMENT OF PURPOSE

The purpose of this module is to provide you with the skills to conduct a coverage evaluation survey and to interpret its results as part of programme evaluation.

EXERCISE

The exercises in this module are organized differently from those you have done in other modules. Because the exercises are long and sometimes complicated, they have not been separated from the text of the module. In other words, you will sometimes be asked to read an explanation before you are asked to write down an answer. Sometimes the answers will be provided to save time in making calculations. All underlined/**bold lettered**/CAPITAL instructions indicate that you should calculate and record answers. Ask course manager for help whenever you are unsure about what you are supposed to do.

1.0 PRELIMINARY ACTIVITIES

1.1 Identify clusters

The first step for any evaluation process is the systematic collection of data. For an evaluation of vaccination coverage, data need to be systematically collected on the number of children and pregnant women vaccinated, by vaccine and by age. The assessment should be done by people who did not perform the vaccinations. The method used is the cluster sampling technique. A cluster is a randomly-selected group. In this case it is a group which contains at least 7 children in the age group 12 to 23 months. The minimum age of the children should not be less than one year.

The cluster sampling technique allows a small number of the target population to be sampled and provides data which are statistically valid.

A survey containing 30 clusters of 7 children will tell you approximately how many eligibles are being properly vaccinated. Statistically it will meet the following standards of reliability:

- The data which result from the survey will have a level of accuracy of plus or minus 10%. For example, if the survey shows a vaccination coverage of 70% in the sample, the coverage in the target population will be between 60% and 80%.
- Nineteen out of 20 times the data which result from the survey will be within the stated level of accuracy. The level of confidence is 95%, which means there is a 95% probability that the survey results will fall within the range listed above (plus or minus 10% of the coverage in the target population).
- The data will reflect coverage of the period about 1 year prior to the survey date.
- The results will reflect coverage in the area as a whole. Comparisons between clusters will not be valid.

Data will be valid only if the thirty groups are *randomly selected*. A randomly-selected group is one which is chosen by chance. This module will teach you how to choose such groups. To do this, you must know how to select a random number. A random number is a number chosen from many numbers, each of which has as much chance of being selected as the number finally chosen. Choosing numbers from memory is not a satisfactory method for selecting random numbers because unconscious biases occur. Certain numbers tend to be selected more frequently than others by certain individuals. If you do not have a table of random numbers to use for this purpose, another possible source of random numbers is the serial numbers on currency notes. To find a random number using a currency note, start with the last digit of the serial number.

Under the direction of course manager, *work through the following examples using the serial numbers on currency notes to select random numbers:*

1. Choose a one-digit random number between 1 and 9 inclusive.
2. Choose a two digit random number between 01 and 87 inclusive.
3. Choose a three-digit random number between 001 and 345 inclusive.
4. Choose a four-digit random number between 0001 and 9,053 inclusive.
5. Choose a five-digit random number between 00001 and 48,321 inclusive.

If the random number you select from a currency note is larger than the highest acceptable number, you will need to select another number. You can do this by taking the next 3 digits from the right to left. For instance, in number 3, if you select a number which is more than 345, you will need to choose another random number. For example, if the currency note number was 362515, the first random number would be 515. This number is higher than 345. So you select the next 3 digits – 251, which is within 1 and 345.

It is important to remember that the survey methods described in this module will only allow you to draw conclusions about the area surveyed as a whole. *They will not permit you to make comparisons among different subsections of the total area.* Therefore, if you want to compare, for example, urban with rural areas, or areas using one strategy with areas using some other strategy, you would have to do a separate survey in each area. For the evaluation of UIP the district is being taken as a whole including the urban and rural areas. While, each individual survey, irrespective of population has the same methodology, the minimum population of the area should be over 50,000. This will allow adequate sampling size and be cost-effective.

All the 30 clusters must be surveyed within a restricted period of time ideally within one week. This is necessary to ensure that they accurately represent the same population.

The theories behind *cluster sampling* are statistically valid but complex. What you will need to know is how to use the technique and the fact that statisticians agree it produces useful results.

Exercise A

The following guidelines describe the steps necessary to identify clusters. Refer to the example provided on pages 7 & 8) as you read. [you will note that some information is missing from this example (for example, the sampling interval number)]. In this exercise you will be asked to supply the missing information. *Underlined instructions* in this exercise and those that follow indicate actions you should perform. Most of the actions will require writing in the appropriate spaces on worksheets provided in the module. Using the instructions given below for completing a cluster identification form, you will identify clusters 1–5 (clusters 6–30 have already been identified).

1. List all villages and sectors/wards of cities and towns included in the area for which vaccination coverage is to be evaluated. This step has already been completed for you. In this exercise the area to be evaluated is district “A” under UIP. All towns and villages of this district have been listed on cluster identification form on pages 7 and 8)
2. Against the name of each village/ward write the individual population of this village/ward. This has been completed for you.
3. Calculate and write in the cumulative population of each village / ward. This is done in the serial order in which the villages / wards are listed. This has already been completed. The total cumulative population of the district is 8,00,000.
4. Determine the sampling interval. Use the formula provided below. Round all decimals off to the nearest whole number.

$$\frac{\text{Total cumulative population}}{30 \text{ CLUSTERS}} = \text{Sampling Interval}$$

Using the above formula, calculate the sampling interval in District ‘A’ : *Enter the number in the space provided at (a) on the bottom of the Form on page 8.*

5. Select a random number which is *less than or equal to* the sampling interval. The number you select must have the same number of digits as the sampling interval. As your sampling interval in the exercise turns out to be a five-digit number that is selected must also be a five-digit number that is between 00001 and the sampling interval.

For the purpose of this module, a random number, 12,762 has been pre-selected. Enter this number at (b) on the bottom of the Form on page 8.

6. Identify the community in which Cluster 1 is located. This is done by locating the first village on the Form at page 8 in which the cumulative population equals or exceeds the random number. *Write “1” beside this village.*

7. Identify the community in which Cluster 2 is located. Use the formula provided below. Note that the cumulative population listed for that village will equal or exceed the number you calculate.

Random No. + Sampling Interval = _____

8. Identify Clusters 3, 4 and 5. (Clusters 6-30 are already identified). Use the formula provided below.

Number which

identified the + Sampling

location of the interval = _____

previous cluster

Using the data provided on Form 1 write the number of each cluster 1, 2, 3, 4 and 5 besides the appropriate villages on the Form at page 8. A single village / town may contain more than one cluster.

After you have completed step 8, discuss any difficulty you may have had in identifying Cluster 1-5 with a course manager.

CLUSTER IDENTIFICATION FORM
(SAMPLE FORMAT)
CITIES, TOWNS AND VILLAGES OF DISTRICT "A"

No.	Name	Population	Cumulative Population	Location of Cluster	No.	Name	Population	Cumulative Population	Location of Cluster
1.	Rampur	12888	12888		39.	Mohkampur	3105	257672	
2.	Nankheri	3489	16377		40.	Dinajpur	4176	261848	
3.	Chopal	6826	23203		41.	Kandaghat	1919	263767	
4.	Lal Pathar	4339	27542		42.	Banjar	3261	267028	
5.	Tiara	2203	29745		43.	Rokini	4270	271298	
6.	Nagrota	4341	34086		44.	Tori Devi	3301	274599	
7.	Chadhari	1544	35630		45.	Durgapur	3250	277849	
8.	Shahpur	885	36515		46.	Bagipal	4670	282519	11
9.	Haripur	2962	39477		47.	Berthin	757	283276	
10.	Nurpur	4234	43711		48.	Sheshnag	12037	295313	
11.	Paragpur	1520	45231		49.	Aam Walla	2155	297468	
12.	Sidhbari	3767	48998		50.	Varun	3702	301170	
13.	Sadwar	3053	52051		51.	Bouli	2262	303432	
14.	Indore	60000	112051		52.	Babri	791	304223	12
15.	Jwalapur	2207	114348		53.	Darpan	3468	307691	
16.	Gopalpur	1355	115703		54.	Ompura	4338	312029	
17.	Hathnikund	833	116536		55.	Gangath	3930	315959	
18.	Manpur	4118	120654		56.	Nagwaih	2112	318071	
19.	Deora	2782	123436		57.	Wazirpur	3953	322024	
20.	Bhagani	3285	126721		58.	Onam	2198	324222	
21.	Tanuwala	4416	131137		59.	Kamrao	9891	334113	30
22.	Bheriwala	3188	134325		60.	Paonta	3154	337267	
23.	Majra	1179	135504		61.	Naggar	2548	339815	
24.	Sataun	612	136114		62.	Patti	1034	340849	
25.	Shilla	3193	139309		63.	Anand	2415	343264	
26.	Jataun	17808	157117	6	64.	Pali	4325	347589	
27.	Mahakaal	3914	161031		65.	Nangal	13233	360822	14
28.	Lainu	15006	176037	7	66.	Hazira	511	361333	
29.	Viratpur	9584	185621		67.	Yol	2313	363646	
30.	Pipli	4225	189846		68.	Chalana	3108	366754	
31.	Udaypur	2652	193498		69.	Laksar	4163	370917	
32.	Kalibari	35000	227496	8,9	70.	Rambasti	4250	375167	
33.	Fatehpur	3954	231542		71.	Angadpur	784	375951	
34.	Jagatpur	2115	233567		72.	Ransiha	3423	379374	
35.	Mewa	507	234074		73.	Phulpur	4098	383472	
36.	Aut	3516	237590		74.	Dugana	4540	388012	15
37.	Shamshi	14402	251992		75.	Bakhtari	2322	390334	
38.	Andheri	2575	254567	10.	76.	Wajiba	3987	394231	

Worksheet for Exercise A

(contd. on next page)

CLUSTER IDENTIFICATION FORM
(SAMPLE FORMAT)
CITIES, TOWNS AND VILLAGES OF DISTRICT "A"

No.	Name	Population	Cumulative Population	Location of Cluster	No.	Name	Population	Cumulative Population	Location of Cluster
77.	Tanda	4211	398532		114.	Tatpur	4121	60558	
78.	Sapnera	2541	401073		115.	Ekgran	3214	608472	
79.	Nerwa	848	401901		116.	Pamposh	16008	624480	
80.	Nagarjun	1281	403202		117.	Oonchagram	4732	629212	24
81.	Kiarda	3310	406512		118.	Tissa	2769	631981	
82.	Vareli	4313	410805		119.	Sangam	532	632513	
83.	Rakhani	4762	415587	16	120.	Bassi	1143	633656	
84.	Jaipur	3647	419234		121.	Okhla	3394	637050	
85.	Throach	2530	421764		122.	Dadosiba	8147	645197	
86.	Yashpur	16983	438747		123.	Sarin	4555	649752	
87.	Mahilpur	2730	441477	17	124.	Rakkar	695	650447	
88.	Pallavi	4869	446346		125.	Chakra	3634	654081	25
89.	Agrakhan	3300	449646		126.	Wachal	2115	656196	
90.	Tadu	4150	453796		127.	Math	4507	660703	
91.	Jubbal	3760	457556		128.	Basti	3516	664219	
92.	Paintal	1587	459143		129.	Haslina	2402	666621	
93.	Larji	16699	475842	18	130.	Thana	3575	670196	
94.	Lalgudi	2703	478745		131.	Kalsi	14005	684201	26
95.	Champa	747	479292		132.	Charak	676	684877	
96.	Dhakon	4451	483743		133.	Korga	45000	729877	27
97.	Birla	4425	488168		134.	Angana	4261	734138	28
98.	Hidimba	3860	492028		135.	Lohgarh	4919	739057	
99.	Badabagh	2835	494863	19	136.	Karik	17270	756327	
100.	Lalpani	1725	496588		137.	Lepoh	3837	760164	29
101.	Tejpur	3988	500576		138.	Deogarh	2149	762313	
102.	Lana	4124	504700		139.	Oddi	3702	766015	
103.	Jhandu	4389	509089		140.	Ulta	1927	767942	
104.	Gogna	1126	510215		141.	Shergil	4971	772913	
105.	Agre	2166	512381		142.	Akola	2468	775381	
106.	Eknath	3393	515774		143.	Tattapani	3383	778764	
107.	Sawra	4787	520561	20	144.	Parvati	3930	782694	
108.	Lalmani	3447	524008		145.	Pariati	2211	784905	
109.	Doaba	3689	527697		146.	Mashobra	3585	788490	30
110.	Sagar	4696	532393		147.	Hansa	1355	789845	
111.	Garli	60000	592303	21, 22	148.	Hathras	4285	794130	
112.	Mahua	3990	592293		149.	Rupam	3177	797307	
113.	Mehla	4754	601137	23	150.	Alampur	2693	800000	

Sampling Interval = $\frac{\text{Total Cumulative Population}}{30 \text{ Clusters}}$ = _____

1.2 Organise Teams and Logistics

Once the clusters have been identified, it will now be necessary to take action for the field work. For this you will need to take the following steps :

1. Make a list of people who will help you in the survey. They should not be those who are directly involved in the immunization programme in the area under survey.
2. Explain carefully to this group exactly how the work is to be done in the field. (This is discussed in the next chapter). Make sure that each person has understood the directions. Each person should practice filling the household summary forms so that they understand exactly how it should be done.
3. If the distances of the clusters from the district headquarters and between the clusters is large (as it is likely to be in a district) make travel arrangements in time. The routes should be chalked out in advance, it may be possible for one vehicle to drop several teams to their clusters. Transport facilities are particularly important if each team is expected to do 2 clusters a day. The distances should be worked out so that there is no problem in finishing the survey.
4. Make sure that adequate copies of the printed forms for the survey are available.
5. Assign responsibility for checking individual household forms as soon as the team returns from the survey. Ideally, forms should be checked by an experienced supervisor at a location close enough to the cluster to allow for a return to the cluster to correct any errors.
6. Assign responsibility for compilation and analysis of the data and writing of the report. Analysis of the data should be done immediately on receipt of the data from all clusters. The formal report should be completed within a week to 10 days of the survey.

1.2.1 Age Group of Children to be evaluated

The survey is conducted for children between 12 to 23 months of age. To determine the *earliest* acceptable birthdate you need to subtract exactly 24 months from the date of interview. To determine the *latest* acceptable birthdate, you need to subtract exactly 12 months from the date of interview. For example, if the survey is starting on 1 April 1987 then the earliest birthdate would be 1 April 1985 and the latest birthdate 1 April 1986.

1.2.2 Household

A household is defined as a group of people *sharing the same kitchen*. You may find many households in a single building, specially in the urban areas.

Tenants and servants living in the same building but maintaining *separate kitchens* are counted as different households. On the other hand, families of say 2 brothers living in the same house and sharing the same kitchen are counted as one household.

1.2.3 Resident Child

The records of all children in the correct age group must be taken. If there is a child who is from outside but residing in the household for 6 months or more, his particulars should also be taken.

2.0 FIELD WORK

2.1 Selection of the First Household

When you reach the selected cluster, you should go to the village centre and then select the first house according to the following random selection procedure. Number the paths leading from the centre. Use a currency note and look at the last digit of the serial number. Select the path you will take. Next count or closely estimate the number of houses from the centre of the village to the boundary along that path. Then select a random number between 1 and the total number of houses. This number represents the first house from which you start the survey. The first house and the direction in which the investigator goes must be chosen randomly.

Before starting the actual survey complete the appropriate space for cluster number, date of survey, locality and surveyor name on both the vaccination coverage and lameness survey forms.

Check that you have all the forms with you. These are :

- Form 1 — Lameness survey
- Form 2 — List of lame children
- Form 3 — Child coverage survey cluster
- Form 4 — Reasons for Immunization Failure
- Form 5 — Mother coverage survey cluster form
- Form 6 — Additional questions Form

2.2 Visit to Household

A household is defined as a group of people sharing the same kitchen. Since you are visiting only a small percentage of the households, to represent all households it is essential that each question is asked carefully and that the households are visited according to the procedures detailed below.

When you reach the first household enter the time started on Form 3 (Child Coverage Household Form on page 17).

Before you commence the interview, you should explain the purpose of the visit to the mother, family head, or other responsible member of the family. If there is no responsible member present who can answer the questions, and a vaccination card is also not available then skip the household and make no record on the form.

2.2.1 Recording on the Lameness survey form

You should first ask if there are any children under 5 years of age (children who have not yet reached their 5th birthday) in the household. If there are no children under 5 years of age in the household, put a "0" in the appropriate space on the lameness form and then go to the next household. If there are children under 5 years of age, put the number of children in the appropriate space. (Form 1, page 15).

You can calculate the earliest acceptable birthdate by subtracting exactly 5 years. For example, if the survey is being conducted in April 1987, the earliest acceptable birthdate would be April 1982. All children born after this date should be included in the survey. (Form 1).

You should then ask the responsible person if any children less than 5 years of age are lame. List the cases in the attached form. (Form 3, page 16).

Once the data regarding children under 5 years of age in the household have been entered on the lameness form, you should then determine if there are any children under 2 years of age in the household. Complete the household summary form for children 12-23 months (Forms 3, 4 & 6) and TT immunization form for mothers of children under 12 months of age (Form 5).

2.2.2 Recording on the child household summary form

The coverage evaluation is for children 12 to 23 months of age. The *earliest* and *latest* acceptable birthdates are calculated by subtracting exactly 24 months and 12 months from the date of interview. If the coverage is done on 15 April 1987, the birthdates of children to be surveyed must fall between

15 April 1985 to 15 April 1986

If there is no child 12-23 months, make no record on the coverage form.

The total number of households you visited during the survey can be calculated from the lameness survey form. If the lameness survey is not done, you must keep a tally of the households visits.

If there is a child of the right age, request the mother or responsible person to produce the following documents (if available) :

1. Child's birth registration certificate (Janma Pramana Patra) and
2. Immunization card or record.

These documents should as far as possible be produced for each child. You should complete the survey form as follows :

<i>Range of Birth dates</i>	15 April 1985 to 15 April 1986 (12-23) months
<i>Time started :</i>	Enter time when survey is commenced in the cluster.
<i>Time finished :</i>	Enter time when the survey form is completed in the cluster.
<i>Name and Address :</i>	Enter name of the child. Also enter name of child's father or mother and address.
<i>Child Number :</i>	The child's number ranges from 1 to 10. The child numbers 8, 9 and 10 have been included to remind you that eligible children in excess of 7 should be included only if living in the same household as the 7th child.
<i>Birth Date :</i>	Enter birth date, e.g. 24/2/86 or 2/86. If possible verify with any available record produced by mother, whether the birth date falls within 15 April 1985 to 15 April 1986 (both dates inclusive).
<i>Immunization Card :</i>	If a card or any record is present, documenting the immunization, mark (+) in box. If no record is available mark (-) in box.

For boxes DPT 1, 2, 3; Polio 1, 2, 3; Measles and BCG :

<i>Date :</i>	Write exact date of each immunization e.g. 18/8/85 or 8/85. Verify date with immunization card or record if available before entering date. If the card is not available, enquire from mother if the child has been immunized. If the answer is Yes, put the month and year in the box for the relevant dose. If a child has not received a dose, put "0" in the box for the relevant dose.
<i>BCG Scar :</i>	Examine child's upper arm and enter "+" if scar is present. If no scar is present enter "0". If the child is not present enter "A" for absent.
<i>Source :</i>	Fill in source of immunization. Put HOS for hospital, HC for health centre / subcentre and other fixed centres providing immunization services. OUT for outreach and PRV for non-governmental / private.

2.2.3 Reasons for partial or no immunization

Once the Form 3 (Child coverage household form) is completed, then determine whether the child is fully immunized. The immunization status of the child is entered *FULLY*, *PARTIALLY* or *NOT IMMUNIZED* by placing a mark (✓) in the relevant box (Form 4).

FULLY	BCG (1), DPT (3), OPV (3), Measles (1).
PARTIALLY	Some immunizations have been administered but immunization is not complete.
NOT IMMUNIZED	Not even a single dose of any vaccine has been administered.

For a PARTIALLY IMMUNIZED CHILD or a NOT IMMUNIZED CHILD, ask the responsible person to give the most important reason(s) why the immunizations were incomplete or not done. This is an open ended question. Wait till the respondent answers in his own words. *Do not read the list of possible answers.* Put a mark (✓) in the box(es) for the relevant reason(s). If a reason is given that is not on the list, use the blank space provided.

The answers should be ticked in the same column as the number of the child. For example, if children Nos. 3 and 5 were partially immunized, tick the given responses in columns 3 and 5 only. Other columns will be left blank.

2.2.4 Tetanus toxoid (TT) for pregnant women

The information entered on the form (Form 5, page 19) should be for the mothers of children who are less than 12 months. If the survey is conducted on 15 April 1987, all children born after 15 April 1986 would be included.

*Range of birth
dates*

After 15 April 1986

*Immunization
card*

Ask for immunization card or any other record of immunization of the mother. Determine if any dose of TT was given prior to the birth of the child. Put the date of the first or earliest dose of TT in the box for "TT1": Put the date of the second dose before the birth of the child in the box for "TT2".

If there is a history of TT vaccination prior to the pregnancy and only *one dose* was given during the pregnancy, record the date of the vaccination in the box for "booster".

If an immunization record is not available, ask the mother if she has ever been immunized. Try to determine if the immunization was for tetanus. If you are convinced that the mother received TT put the month and year in the box for TT. If the month and year is not known put "+" in the box. If the mother has received more than 1 dose of TT and the most recent dose was during the pregnancy of the listed child, put "+" in the box for TT2 or booster. If possible, try to verify the immunizations with records at the Health Centre.

If the mother has not been immunized for TT, put "0" in the appropriate box for the relevant dose.

Antenatal

If the mother has received at least three antenatal visit during the pregnancy with this child, mark YES in the box. Otherwise, mark NO in the box. Write the number of Iron & Folic acid tabs. given by the health worker in column provided.

Delivery

Put a mark (✓) in the relevant box for place of delivery for the child.

Attended by

Put a mark (✓) in the relevant box for who attended the delivery for this child.

If the mother is not present, enter "A" in the boxes.

*Tally of Households
Visited*

Leave blank because the lameness form will serve as a tally of all households visited.

FORM FOR THE LAMENESS SURVEY

Surveyor : _____ Cluster No. _____ Date _____ Locality _____ Page No. _____

	1	2	3	4	5	6	7	8	9	10	11	12	Total
Household number in cluster													
1. Total members in the household.													
2. How many children are below five years of age in this household ? If no children, put "0" and go to the next household.													
3. Is there any child who is lame ? If yes, put how many children and list these in the attached form. If none, put "0" and go to the coverage form.													
4. Number of live births in last one year.													
5. Number of deaths within one month of birth.													
6. Deaths of children under one year.													

	13	14	15	16	17	18	19	20	21	22	23	24	Total
Household number in cluster													
1. Total members in the household.													
2. How many children are below five years of age in this household ? If no children, put "0" and go to the next household.													
3. Is there any child who is lame ? If yes, put how many children and list these in the attached form. If none, put "0" and go to the coverage form.													
4. Number of live births in last one year.													
5. Number of deaths within one month of birth.													
6. Deaths of children under one year.													

LIST OF LAME CHILDREN (UNDER 5 YEARS)

SURVEYOR :

CLUSTER NO.

DATE :

LOCALITY :

PAGE NO.

Period

Sr. No.	Name of child	Address	Age Date of Birth	Date of Onset*	Immunization Status	Probable Polio	Other
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PROBABLE POLIOMYELITIS :

History of acute febrile illness;

History of abrupt onset of weakness or paralysis of the leg(s), and/or arm (s) following fever ;

No progression of paralysis after the first three days and that without known trauma ;

Paralysis was not present at birth or associated with various injuries or mental retardation.

* If exact date not known, give month and year.

UNIVERSAL IMMUNIZATION PROGRAMME COVERAGE SURVEY HOUSEHOLD FORM

DISTRICT : _____

Name of the child and father _____

Address _____

Cluster No : _____

Range of birth dates : _____

Date : _____

From : _____

Locality : _____

Till : _____

CHILD NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE												
SEX	(M / F)											
IMMUNIZATION CARD	+ / o											
DPT 1	Date											
	Source											
DPT 2	Date											
	Source											
DPT 3	Date											
	Source											
POLIO 1	Date											
	Source											
POLIO 2	Date											
	Source											
POLIO 3	Date											
	Source											
MEASLES	Date											
	Source											
B C G	Date											
	Scar + or 0											
	Source											

TALLY OF HOUSEHOLD VISITED : _____

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS

Health Centre - HC _____

Outreach - OUT

Non-Governmental / private - PRV _____

Time started : _____

Evaluator name : _____

Time finished : _____

Signature : _____

REASONS FOR IMMUNIZATION FAILURE (to be used with cluster sampling)

CHILD NUMBER OF CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL	
Immunization status		Fully Immunized											
		Partially Immunized											
		Not Immunized											
Lack of Information	1. Unaware of need for immunization												
	2. Unaware of need to return for 2nd or 3rd dose												
	3. Place and/or time of immunization unknown												
	4. Fear of side reactions												
	5. Wrong ideas about contra-indications												
	6.												
Lack of Motivation	1. Postponed till another time												
	2. No faith in immunization												
	3. Rumours												
	4.												
Obstacles	1. Place of immunization too far to go												
	2. Time of immunization inconvenient												
	3. Vaccinator absent												
	4. Vaccine not available												
	5. Mother too busy												
	6. Family problem, including illness of mother												
	7. Child ill, not brought												
	8. Child ill, brought but not given												
	9. Long waiting time												
	10.												
	11.												

Note : Ask only one question : i.e. "Why was the child not immunized ?" or

"Why was the child not fully immunized ?"

Mark (/) the most relevant reason(s) . according to your judgement

MOTHER COVERAGE EVALUATION FORM

NAME : _____

MOTHER OF _____

ADDRESS _____

Cluster No : _____

Range of birth dates : _____

Date : _____

From : _____

Locality : _____

Till : _____

MOTHER NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE OF CHILD												
IMMUNIZATION CARD	Yes											
	Other records											
TT 1	Date											
	Source											
TT 2	Date											
	Source											
B	Date											
	Source											
ANTENATAL CARE*	Yes/No											
	No. of Iron & folic acid tabs. given											
PLACE OF DELIVERY	Home											
	HC/HOSPITAL											
	Other											
ATTENDED BY	Untrained TBA											
	Trained TBA											
	Health Staff											
	Other											

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS Health Centre - HC
 Outreach - OUT Non-Government/Private - PRV

* Antenatal Care (yes) = minimum three visits during pregnancy.

2.3 NEXT HOUSEHOLD

After completing the first household, move to the next household. This is one, whose front door is *nearest* to the front door of the household just visited by you. Keep moving to the next nearest household till you have completed survey of 7 children. Only if there is more than one child of the right age group in the last household record the particulars of all the children.

Excluded from the survey are (i) households already visited; (ii) households outside the survey area; (iii) households that are locked; and (iv) military establishments, hostels, schools, mosques, temples, etc.

2.4 OTHER CLUSTERS

The survey would be completed by using the same process for the remaining 29 clusters.

2.5 SELECTION OF HOUSEHOLDS IN DENSELY POPULATED URBAN AREAS & IN MULTI-STOREYED BUILDINGS.

Urban areas are divided into wards and sub-divisions of wards. After selection of a cluster in a particular ward go to a central place of the ward and select the direction as given on page 10. Select the first household in the same manner as for villages as detailed on page 10. If it is not possible to count or to estimate the number of buildings along a particular road, then it may be necessary to find the starting household in another manner. It is suggested that the distance may be measured or estimated, for example, in time taken to walk to the end of the road and a random number between 1 and the maximum distance can be chosen by using a currency note. For example, if it takes 15 minutes to walk to the end of the ward, then a number between 1 and 15 can be randomly chosen. Say if 7 is chosen then walk for 7 minutes and go to the nearest building to start.

In case your 1st household falls in a multistoreyed building, select the floor & then household randomly.

In a double storeyed building, even digit indicates the ground floor and the uneven first floor.

Exercise B

Complete the Child Coverage Household Form (Form No. 3)

1. Record the name of the district.
2. Identify the cluster number. For this exercise you may assume you are doing your survey in District "A". *Record the correct cluster number on the Child Coverage Household Form. Refer to Form on page 8 to identify the number of the cluster in District A.*
3. Record the date of interview. *For this exercise record 7 March 1987 as the date of evaluation.*
4. Identify the age group to be evaluated. (The age group to be evaluated consists of children who are 12-23 months of age at the time of the evaluation.).
5. Identify the birthdates of children in the age group to be evaluated. These dates will be based on the date of interview.

To determine the earliest acceptable birthdate, you will need to subtract exactly 24 months from the date of the interview. (You subtract 24 months instead of 23 months because you wish to include all children who are even one day less than 24 months of age. By subtracting 24 months, you will also include children who are exactly 24 months of age. This is acceptable. To determine the latest acceptable birthdate, you will need to subtract exactly 12 months from the date of interview.

Example :

1. Assume an interview date of 28 May 1987.
2. Count back from the interview date exactly 24 months to determine the earliest acceptable birthdate.
3. Count back from the interview date exactly 12 months to determine the latest acceptable birthdate.

Using the interview date of 7 March 1987, calculate and record the birthdates of children in the age group to be evaluated.

Note : If no vaccination cards or birth records are available, you may need to use months of birth instead of specific dates.

6. *Identify the city, town, village of the cluster by referring to the Cluster Identification Form, page 8).*
7. *Write your name as the interviewer.*

02466

NOTE : In order to identify age errors on the vaccination record(s), it is best if the child whose record(s) is being reviewed, is physically present at the time of the review. If there appears to be an age discrepancy, you should attempt to verify the listed birthdate by asking to see the child's birth certificate (if available) or through questioning. If a vaccination card is presented for a child who is not present, but who falls in the age range to be evaluated, record the information on the form.

Use the information on the sample vaccination cards on page 24, to complete the Child Coverage Household Form on page 23 for the first household.

- After listing information on all the children in the household whose ages fall in the age range to be evaluated, check the date recorded for any obvious errors. (Are there blank spaces? Are there vaccination dates which occurred prior to the date of the child's birth? Are there children with the same birthdate who are in the same family and not twins?). Then proceed to the next household, which will be the one nearest to the initial household. Use the information on the sample vaccination card on page 25, to complete the same Child Coverage Household Form for the second household. When you have recorded all relevant information for the second household, review your form with a course manager.

In a real survey situation you would continue the process until the seventh child in the age range to be evaluated has been located. Other children in this age range who are residents in the household where the seventh child is identified should also be listed.

UNIVERSAL IMMUNIZATION PROGRAMME COVERAGE SURVEY HOUSEHOLD FORM

DISTRICT : _____

Cluster No : _____

Range of birth dates : _____

Date : _____

From : _____

Locality : _____

Till : _____

CHILD NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE												
IMMUNIZATION CARD	Yes											
	No											
DPT 1	Date											
	Source											
DPT 2	Date											
	Source											
DPT 3	Date											
	Source											
POLIO 1	Date											
	Source											
POLIO 2	Date											
	Source											
POLIO 3	Date											
	Source											
MEASLES	Date											
	Source											
B C G	Date											
	Scar + or 0											
	Source											

TALLY OF HOUSEHOLD VISITED : _____

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS

Health Centre - HC _____

Outreach - OUT

Non-Governmental / private - PRV _____

Time started : _____

Evaluator : _____

Time finished : _____

Signature : _____

VACCINATION CARD

Name	UMA		
Name of mother	LILA		
Name of father	RAMU		
Male or female	F		
Birthdate	13.12.85		
Name of village	RAMPUR		
VACCINES	DATE GIVEN		
	day	month	year
BCG	15	12	85
DPT 1	16	3	86
DPT 2	14	5	86
DPT 3	30	6	86
POLIO 1	16	3	86
POLIO 2	17	5	86
POLIO 3	30	6	86
MEASLES	30	8	86

Form Household Number 1

VACCINATION CARD

Name	KUMAR		
Name of mother	SUMAN		
Name of father	SOMU		
Male or female	M		
Birthdate	6.11.85		
Name of village	RAMPUR		
VACCINES	DATE GIVEN		
	day	month	year
BCG	8	11	85
DPT 1	5	3	86
DPT 2			
DPT 3			
POLIO 1	5	3	86
POLIO 2			
POLIO 3			
MEASLES			
TITANUS 1			
TITANUS 2			
OTHER			

Household Number 2

2.6 CHECK DATA COLLECTED

The information collected from the assessment teams must be checked to ensure that the survey contains the correct number and locations of clusters and the correct number of children in each cluster.

You will need to ensure that:

- 30 clusters have been surveyed. To do this, you must look through the Forms submitted by each team to see if there are forms for 30 clusters. When fewer than 30 clusters have been surveyed, the missing cluster(s) will need to be identified and surveyed.
- seven children in the age range to be evaluated have been listed for each cluster. To do this, you must review each Household Summary Form to determine if at least seven children in the age range to be evaluated have been listed for each cluster.

If a Household Summary Form is missing or incomplete, the cluster must be resurveyed. If any discrepancies are noted in the information, the child must be revisited.

Exercise C

As mentioned earlier recording errors may occur and need to be checked and corrected before leaving each household. On page 27 is a Child Coverage Household Form which was not carefully reviewed. Review this form and circle all obvious errors and/or omissions. Review your work with a course manager and correct the form according to the information provided by the course manager.

UNIVERSAL IMMUNIZATION PROGRAMME COVERAGE SURVEY HOUSEHOLD FORM

DISTRICT : A

Cluster No : 14

Range of birth dates :

Date : 15.4.87

From : 15.2.85

Locality :

Till : 7.3.86

		Shyama 15/2, Mall Road	Radha 16B, Model Town	Srinivasan 35C, Model Town	Mohan 82C, Model Town	Geeta 135, Model Town	Rajan	Sudha 232, Model Town	Sita Rajgopalan 236, Model Town			
CHILD NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE		17.12.86	8.10.85	13.4.86	2.2.86		5.3.86	20.11.85	15.1.86			
IMMUNIZATION CARD	Yes	+	+		✓		✓	✓	✓			
	No			✓								
DPT 1	Date	17.4.86	17.4.86	20.5.86	17.4.86		6.6.86	16.1.86	2.4.86			
	Source											
DPT 2	Date	8.6.86	8.6.86	20.12.86			2.10.86	6.6.86	5.8.86			
	Source											
DPT 3	Date	0	3.8.86	3.8.86			14.10.86	0	19.5.86			
	Source											
POLIO 1	Date	17.4.86	17.4.86	20.9.86	17.4.86		6.6.86	16.1.86	2.4.86			
	Source											
POLIO 2	Date	8.6.86	8.6.86	20.12.86			2.10.86	8.6.86	5.6.86			
	Source											
POLIO 3	Date	0	7.8.86	3.3.87			14.11.88	0	19.9.88			
	Source											
MEASLES	Date	0	3.8.86	0	2.12.86		14.4.86	0	3.8.86			
	Source											
B C G	Date	19.12.86	11.12.85	14.7.86	9.2.86		1.3.86	16.1.86	16.1.86			
	Scar + or 0											
	Source											

TALLY OF HOUSEHOLD VISITED : _____

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS

Health Centre - HC _____

Outreach - OUT

Non-Governmental / private - PRV _____

Time started : _____

Evaluator : _____

Time finished : _____

Signature : _____

3.0 TABULATE DATA

Collected data of any type are useless unless and until they are analysed. Coverage evaluation information must not only be analysed, but it must be analysed quickly in order to serve a useful purpose. When the coverage evaluation team has finished collecting data from its 30 assigned clusters, the Household Summary Forms should be handed over immediately to the supervisor of the coverage evaluation. He will check to see that the forms are complete and accurate, and he will review the forms to determine which immunizations are valid (given at the correct age and at the correct interval). He will then complete the "Fully Vaccinated" section of the form. The information should then be transferred to the Cluster Summary Forms (pages 33-38). The calculations of sub-totals and totals on the Cluster Summary Form are a basic part of the analysis of the collected data.

He will check that all the other information has been noted including the reasons for partial or no immunization.

Exercise D

Complete the Household Summary Form

The fact that a vaccination was given does not ensure that it was valid. To be effective, vaccines must be given at appropriate ages and, if the vaccination is one of the series, it must be given after an appropriate interval.

Measles – as soon after 9 months as possible (9 months completed).

BCG – any time after birth

Polio/DPT – first dose any time after 6 weeks of birth. Subsequent doses spaced at least one month or 28 days apart.

A Person vaccinated at the wrong age should be considered not vaccinated. A second or third DPT or Polio vaccination which is given less than one month after the preceding vaccination should be considered invalid. There is no limit for maximum interval between first and second dose and second and the third dose. You would, however, check to see that the vaccinations were completed before 12 months of age. Measles vaccine given before 9 months of age (270 days) is not valid.

1. Using the corrected Household Summary Form on page 30 which you completed in Exercise E, *circle all shots which are not valid according to the schedule listed above.*
2. If a child has received a full series of vaccinations (there are no blank spaces and no circled vaccinations), *record a "+" in the column titled "Fully Vaccinated"*
It should be-not+
3. If a child has not received a full series of vaccinations (there are blank spaces or circled vaccinations) *record a " " in the column titled "Fully Vaccinated"*.
4. After you have reviewed all vaccinations on the Household Summary Form, *add the number of "+" s recorded in the "Fully Vaccinated" column and record the number in the space "Total Fully Vaccinated"*
5. Check your answers and discuss any differences you have with a course manager.

Exercise E

Complete the Cluster Summary Forms

To determine the number of children whose vaccination is valid vaccine in your survey of 30 clusters, you will need to transfer information from the Household Summary Forms to a Cluster Summary Form.

In this exercise, you will record information on the partially-completed Cluster Summary Form on page 33. You will obtain this information from the Household Summary Forms provided on page 30-32 and use it to complete the following substeps:

1. Fill in the introductory data on the Cluster Summary Form. (This has been done for you.)
2. The next step is to correct the Household Summary Forms. In Exercise F you circled all of the vaccinations which were not given at the correct time. In some instances a child may have received 2 or 3 doses of DPT and Polio and one or more of them were not valid.

Forms on pages 30 to 32 are corrected Household summary Forms.

3. On page 30, count the number of valid vaccinations given for each vaccine. These will be uncircled dates. Count each dose separately (DPT 1, DPT 2, DPT 3). *On the Cluster Summary Form (page 33) record the total number of valid shots in the "+" columns provided for each vaccine beside Cluster 1.* You may assume that all uncircled dates are valid. Next count the number of circled dates (showing invalid shots) and "O" s". *Record these totals in the "O" columns under each vaccine.*

Count the number of vaccination cards available. Transfer this number to the column titled "Vaccination Cards" on the Cluster Summary Form.

Check the total number recorded for "Fully Vaccinated" and *record the number in the last column of the Cluster Summary Form.*

Repeat this process for Household Summary Forms on pages 31 and 32.

4. Determine the subtotals and totals for the Cluster summary Form. (This has been done for you).

When have completed this exercise, check your answers and discuss any differences you have with a course manager.

UNIVERSAL IMMUNIZATION PROGRAMME COVERAGE SURVEY HOUSEHOLD FORM

DISTRICT : A

Cluster No : 1

Range of birth dates :

Date : 7.3.87

From : 7.3.85

Locality : RAMPUR

Till : 7.3.86

		Ramu 5, K.G.Marg	Sita 7, K.G.Marg	Govind 12, K.G.Marg	Raju 25, K.G.Marg	Uma 27, K.G.Marg	Suresh 33 K.G.Marg	Rupa 47, K.G.Marg				
CHILD NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE		13.12.86	18.2.86	6.11.85	9.11.85	12.12.85	14.1.86	1.1.86				
IMMUNIZATION CARD	Yes	✓		✓	✓	✓	✓					
	No		✓					✓				
DPT 1	Date	16.3.86	0	5.3.86	9.3.86	21.3.86	1.9.86	0				
	Source	HC		HC	OUT	HC	PRV					
DPT 2	Date	14.5.86	0	0	4.4.86	0	3.10.86	0				
	Source	HC			OUT		PRV					
DPT 3	Date	30.6.86	0	0	2.6.86	0	12.11.86	0				
	Source	HC			OUT		PRV					
POLIO 1	Date	16.3.86	0	5.3.86	9.3.86	21.3.86	1.9.86	0				
	Source	HC		HC	OUT	HC	PRV					
POLIO 2	Date	14.5.86	0	0	12.4.86	0	3.10.86	0				
	Source	HC			OUT		PRV					
POLIO 3	Date	30.6.86	0	0	2.6.86	0	12.11.86	0				
	Source	HC			OUT		PRV					
MEASLES	Date	30.8.86	0	0	0	2.1.87	1.5.87	0				
	Source	HC				HC	PRV					
B C G	Date	15.12.86	0	18.3.86	10.11.85	2.3.85	15.4.86	0				
	Scar + or 0	+		+	0	+	+					
	Source	HOS		OUT	HOS	OUT	OUT					

TALLY OF HOUSEHOLD VISITED : _____

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS

Health Centre - HC _____

Outreach - OUT

Non-Governmental / private - PRV _____

Time started : _____

Evaluator : _____

Time finished : _____

Signature : _____

UNIVERSAL IMMUNIZATION PROGRAMME COVERAGE SURVEY HOUSEHOLD FORM

DISTRICT : A

Cluster No : 2

Range of birth dates :

Date : 7.3.87

From : 7.4.85

Locality : HARIPUR

Till : 7.3.86

		Hema 18, SR Colony	Balu 18, SR Colony	Rohini 27, SR Colony	Babi 35, SR Colony	Roma 48, SR Colony	Lakshman 55, SR Colony	Rani 57, SR Colony				
CHILD NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE		2.12.85	2.12.85	1.3.86	4.2.86	1.12.85	14.2.86	6.3.86				
IMMUNIZATION CARD	Yes	✓	✓	✓	✓	✓	✓					
	No							✓				
DPT 1	Date	4.3.86	4.3.86	10.6.86	6.6.86	7.4.86	19.6.86	0				
	Source	HOS	HOS	HC	HC	PRV	HC					
DPT 2	Date	1.5.86	1.5.86	10.8.86	17.7.86	19.5.86	20.7.86	0				
	Source	HOS	HOS	HC	HC	PRV	HC					
DPT 3	Date	7.7.86	7.7.86	0	0	1.7.86	19.2.86	0				
	Source	HOS	HOS			PRV	HC.					
POLIO 1	Date	4.3.86	4.3.86	10.6.86	6.6.86	19.5.86	20.6.86	0				
	Source	HOS	HOS	HC	HC	PRV	HC					
POLIO 2	Date	1.5.86	1.5.86	10.8.86	17.7.86	0	20.7.86	0				
	Source	HOS	HOS	HC	HC		HC					
POLIO 3	Date	7.7.86	7.7.86	0	0		19.2.87	0				
	Source	HOS	HOS				HC					
MEASLES	Date	13.3.87	13.3.87	0	0		19.2.87	0				
	Source	PRV	PRV				HC					
B C G	Date	3.12.85	3.12.85	2.3.86	5.2.86	2.3.85	15.5.86	0				
	Scar + or 0	+	+	0	+	+	0					
	Source	HOS	HOS	OUT	HC	OUT	OUT					

TALLY OF HOUSEHOLD VISITED : _____

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS

Health Centre - HC _____

Outreach - OUT

Non-Governmental / private - PRV _____

Time started : _____

Evaluator : _____

Time finished : _____

Signature : _____

UNIVERSAL IMMUNIZATION PROGRAMME COVERAGE SURVEY HOUSEHOLD FORM

DISTRICT : A

Cluster No : 3

Range of birth dates :

Date : 7.3.87

From : 7.3.85

Locality : LAKERI

Till : 7.3.86

		Rahul s/o Mohan Kumar	Babu s/o Srinivasan	Babli d/o SK Singh	Kumar s/o A. Reddy	Sonia d/o S. Gopal	Kuruna d/o R. Singh	Ashok s/o Ram Passhad				
CHILD NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE		20.1.86	7.3.86	10.2.86	15.11.86	12.12.85	14.2.86	1.1.86				
IMMUNIZATION CARD	Yes	✓	✓	✓	✓	✓	✓	✓				
	No											
DPT 1	Date	20.1.86	1.7.86	13.5.86	5.3.86	0	1.7.86	4.4.86				
	Source	HC	HC	OUT	OUT		OUT	HC				
DPT 2	Date	20.5.86	9.8.86	15.6.86	12.4.86	0	3.8.86	1.6.86				
	Source	HC	HC	OUT	OUT		OUT	HC				
DPT 3	Date	0	2.10.86	2.8.86	2.6.86	0	12.5.86	5.7.86				
	Source		HC	OUT	OUT		OUT	HC				
POLIO 1	Date	21.4.86	1.7.86	30.5.86	3.3.86	0	1.7.86	4.4.86				
	Source	HC	HC	OUT	OUT		OUT	HC				
POLIO 2	Date	20.5.86	9.8.86	15.6.86	12.4.86	0	3.8.86	1.6.86				
	Source	HC	HC	OUT	OUT		OUT	HC				
POLIO 3	Date	0	2.10.86	2.8.86	2.6.86	0	12.5.86	19.7.86				
	Source		HC	OUT	OUT		OUT	HC				
MEASLES	Date	1.2.87	0	1.12.86	0	2.1.87	1.3.87	5.10.86				
	Source	OUT		OUT		PRV	OUT	HC				
B C G	Date	0	0	11.2.86	10.11.86	13.2.86	15.4.86	2.3.86				
	Scar + or 0			0	+	+	+	+				
	Source			OUT	OUT	OUT	OUT	OUT				

TALLY OF HOUSEHOLD VISITED : _____

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS

Health Centre - HC _____

Outreach - OUT

Non-Governmental / private - PRV _____

Time started : _____

Evaluator : _____

Time finished : _____

Signature : _____

CHILD IMMUNIZATION COVERAGE

Province : District A

Period _____

Cluster No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total
No. in Clusters																															
Card Test				6	6	7	6	6	5	6	6	5	7	6	7	7	4	6	5	4	6	6	7	6	5	7	7	5	7	6	179
DPT 1 Card				5	5	6	4	5	6	6	5	5	3	5	6	5	4	6	5	3	5	3	6	4	4	6	5	4	6	4	148
Card & History																															
DPT 2 Card				4	5	4	3	3	5	6	4	3	2	5	6	4	3	3	5	2	4	2	4	4	3	5	5	3	6	4	122
Card & History																															
DPT 3 Card				3	3	4	2	3	3	5	3	3	1	5	5	3	1	3	4	0	4	1	3	3	3	4	3	3	5	4	96
Card & History																															
Source : HOS																															
EC/AW																															
OUT																															
PRIV																															
OPV1 Card				5	5	6	4	5	5	6	5	5	4	5	6	5	5	5	5	3	5	4	6	4	4	6	5	4	6	5	150
Card & History																															
OPV2 Card				4	4	5	7	5	3	4	5	4	3	5	6	4	4	4	5	3	4	3	5	3	4	4	4	4	4	4	126
Card & History																															
OPV3 Card				4	4	4	2	5	2	2	4	4	2	3	5	3	3	4	4	2	4	3	4	2	3	4	3	4	3	3	101
Card & History																															
Source : HOS																															
HC																															
OUT																															
PRIV																															
Measles Card				5	5	6	4	4	5	6	5	5	4	4	6	5	4	5	4	4	5	3	5	4	5	6	4	5	5	5	139
Card & History																															

CHILD IMMUNIZATION COVERAGE

Province : District A

Period _____

[illegible]

REASONS FOR IMMUNIZATION FAILURE

District _____ Total number of partially or not immunized children : _____
 (Use this as denominator for determining percentage) Period _____

Cluster No.		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Percentage
Lack of information	1. Unaware of need for immunization.																																
	2. Unaware of need to return for 2nd or 3rd dose.																																
	3. Place and/or time of immunization unknown.																																
	4. Fear of side reactions.																																
	5. Wrong ideas about contradictions.																																
	6. Other.																																
	SUB-TOTAL																																
Lack of motivation	1. Postponed till another time.																																
	2. No faith in immunization.																																
	3. Rumours																																
	4. Other																																
Observations	SUB-TOTAL																																
	1. Place of immunization too far to go.																																
	2. Time of immunization inconvenient																																
	3. Vaccinator absent.																																
	4. Vaccine not available.																																
	5. Mother too busy.																																

Total number of partially or not immunized children : _____

(Use this as denominator for determining percentage)

Period _____

[illegible]

MOTHER IMMUNIZATION COVERAGE

District _____ Period _____

Cluster No.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	Percentage
No. in Cluster																																
Card Yes																																
TT1 Card																																
Card & History																																
TT2 Card																																
Card & History																																
Source : HOS																																
HC																																
OUT																																
PRIV																																
ANC Yes																																
Delivery : HOME																																
HC																																
Other																																
Untrained TBA																																
Trained TBA																																
Health Staff																																
Other																																

ADDITIONAL QUESTIONS

District _____ Period _____

[illegible]

4.0 EVALUATE PROGRAMME

The purpose of collecting and analysing vaccination coverage data is to make possible an evaluation of the extent to which vaccination programme coverage objectives are being achieved.

- (*) Is the target age group being reached?
- (*) What is the vaccination coverage of the target age group?
- (*) Are people outside the target age group being vaccinated?
- (*) Which are the main agencies of coverage?
- (*) What are the reasons for poor attendance?
- (*) What are the reasons for high dropouts?
- (*) What is the coverage of pregnant women with TT2?
- (*) Are women receiving antenatal care?
- (*) What are the delivery practices?
- (*) Are pregnant women receiving iron & folic acid tablets regularly?

These are some of the questions that any vaccination programme must be able to answer. A coverage evaluation provides a means of answering these questions.

Exercise F

Evaluate the Extent of Achievement of Programme Vaccination Objectives

List all the parameters and write a brief para on each.

Completion of the Programme Coverage Evaluation of the extent to which the vaccination target age group for a specified geographical area has been fully vaccinated according to age. Read the guidelines below and complete the practice exercise.

Evaluate the extent of achievement of programme vaccination activities by transferring the completed data from Cluster Summary Form to the appropriate space.

1. Complete the introductory data on the form at page 41.
2. List on each vaccine for which Programme coverage is being evaluated. This has been done.

- For each vaccine listed under Column 1, list under column 2 ("Objective for Percent Vaccination Coverage") the percent vaccination coverage that was expected according to the programme objective. This has been done.
- For each vaccine listed under Column (1), utilize the subtotals ("+" and "0") from the Cluster Summary Form to determine the percent vaccination coverage achieved, and enter these percents under column (3), "Percent Vaccination Coverage Achieved." This determination can be made by using the formula below:

$$\frac{\text{Subtotal "+"} \times 100}{\text{Total of "+" and "0"}}, \text{Percent Vaccination coverage for the vaccine.}$$

For example, if the subtotal "+" for Measles vaccine = 160 and the total of "+" and "0" for Measles vaccine = 210

You should also use the data to find out the difference between the coverage according to your health centre reports and survey data.

$$\begin{array}{l} \text{Vaccination — Vaccination} \\ \text{coverage by coverage by} \\ \text{reports survey} \end{array} = \text{Difference}$$

The coverage for "Fully Vaccinated" is simply the number of children fully vaccinated divided by the number of children surveyed. Remember that for this exercise 30 clusters each containing at least seven children were surveyed. In this example 214 children were surveyed.

- For each of the vaccines listed under column (1), write in the "Difference" between the vaccination objective, column (2) and the vaccination coverage column (3).

$$\begin{array}{l} \text{Vaccination — Vaccination} \\ \text{objectives coverage} \end{array} = \text{Difference}$$

You can use the data to compare results with previous surveys.

PERCENTAGE COVERAGE

District

State

Survey date

Vaccine	Objective	Achieved	Difference
TT 2/B	100		
BCG	85		
DPT 3	85		
OPV 3	85		
Measles	85		

COMPLETENESS OF REPORTING

Vaccine	Reported Performance of Corresponding Period	Confirmed by Survey	Difference
TT 2/B			
BCG			
DPT 3			
OPV 3			
Measles			

COMPARISON WITH SURVEY RESULTS OF PREVIOUS YEARS

Vaccine	Survey in 198	Survey in 198	Difference
TT 2/B			
BCG			
DPT 3			
OPV 3			
Measles			

Dropout Rates

A major reason for low coverage is the high dropout for the second and third doses. You can calculate these from the data of the Cluster Summary Form by using the following formula:

$$\frac{\text{DPT 1} - \text{DPT 3}}{\text{DPT 1}} \times 100$$

DPT 1 are the number of children who received the first dose of DPT and DPT 3, the number of children who received all 3 doses. Dropout rates for OPV are calculated similarly.

Reasons for partial immunization

Study the reasons for incomplete immunizations carefully. These will reveal the weaknesses in your programme on which you could take practical measures for improvement. You use the data from the Cluster Summary Form (Page 44-45).

Source of vaccinations

Use the household forms to analyse the source of vaccinations. Are the vaccinations being provided through the PHCs and the subcentres or largely through outreach operations. Are private hospitals and voluntary organizations actively participating in the programme in your area? A Cluster Summary Form has been provided at pages 44-45 to make it easy for you to tabulate data.

Awareness about the Immunization Programme

Use Cluster Summary Form on page 44-45 to tabulate results.

Coverage of Pregnant Women with TT2 and antenatal care

Use Cluster Summary Form on page 44-45. Analyse data as for the children.

5.0 LAMENESS SURVEY

Your main aim in providing immunization coverage is to reduce the incidence of the vaccine preventable diseases. You can collect information on the number of cases of these diseases by using different methods. These are discussed in the module on "Disease Surveillance".

One of the vaccine preventable diseases which leaves a sequelae and which is easily identifiable even by lay people, is poliomyelitis. By collecting information on the lame children over the years you can get useful material to evaluate your programme. You already have baseline information on the incidence rate of poliomyelitis in your State prior to the polio vaccination services based on the large scale surveys on poliomyelitis conducted in 1981 and 1982.

On an average 15 to 20 children per 100 000 under five would develop paralytic poliomyelitis every year if there was no polio vaccination programme. In other words, for every 1000 children you would expect to find 7 lame children if the immunization coverage in your area was low. In the survey you have just conducted the number would be slightly less as you have included children under one year who are still at high risk.

While analysing the results of the lameness survey you would therefore be interested in the total number of lame children detected by you. Check the year when the children developed paralysis. If more than 2 children are found who developed poliomyelitis in the last two years, this should be a warning. You must carry out a more detailed epidemiological investigation. You should carry out a similar investigation if you find any lame child with a history of OPV3 received within the preceding 12 months.

The numbers you have surveyed is, however, too small to give statistically valid rates of incidence. Repeated on a periodic basis this should, however, provide useful information to you.

Using the same methodology and forms you can carry out an independent lameness survey with a larger sample size. The total number of children under 5 years surveyed should be at least 10 000, i.e. 334 per cluster.

You must also share your records with the State and National officers. The data from a number of surveys could be pooled and analysed in greater details.

CLUSTER SUMMARY FORM FOR LAME CHILDREN

Cluster No.	No. 5 years	No. of lame	No. due to Polio	Year of onset	Vaccination Status
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					
11.					
12.					
13.					
14.					
15.					

Cluster No.	No. 5 years	No. of lame	No. due to Polio	Year of onset	Vaccination Status
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
Total					

6.0 PLAN REVISIONS IN VACCINATION ACTIVITIES

Knowledge gained from programme evaluation should be used when engaging in further planning of vaccination activities. Evaluation will help identify problems which should be corrected through carefully planned revisions in the vaccination activities. Planning should be a continual process and should be based on (1) the extent to which objectives are not being achieved and an analysis of the underlying reasons for this, (2) the extent to which objectives are being achieved and an analysis of the underlying reasons for this, and (3) the extent to which programme data are not complete, accurate, timely, or utilized.

For example, if a coverage objective of 85% was established and evaluation showed 80% coverage, we could conclude that no major modifications were needed and that a slightly greater effort might well bring the programme to its goal. If evaluation showed only 60% coverage some major changes would have to be made in activities to improve performance and step up vaccination coverage.

Coverage evaluation should be reported to higher levels so that staff at those levels can help in developing improved plans.

7.0 PROVIDE FEEDBACK

Staff responsible for vaccination activities should be provided with feedback as existing plans are revised or new plans are developed. Feedback should be presented together with programme evaluation results. Such feedback should be provided during the next regular meeting. Adequate time should however be allotted to discussing the results of the survey.

Meetings should not be held only for the benefit of senior or mid – level staff. In vaccination programmes particularly, it is the basic level workers who are most often asked to work the hardest and who are most affected by programme changes. These staff in particular must be made to feel that they are an important part of the programme. Special efforts by senior programme staff to meet with basic level workers will do much to serve this purpose. Also, a meeting would not be useful if the communication is only one way. Facts and reasoning presented must also be discussed with those attending the meeting. Questions should be invited, and those in attendance should be allowed to have their say.

Finally, at the end of the meeting, those in attendance should be provided with a written copy of the points presented during the meeting.

CLINICAL OBSERVATION OF LAME CHILDREN

To be completed by the Medical Officer on all lame children between 0 and 5 years of age (a separate form for each lame child)

I. GENERAL INFORMATION

1. State/U.T. _____
2. District _____
3. Town (Mohalla)/PHC (Village) _____
4. Physician's Name _____
5. Date _____
6. Cluster No. _____

II. BACKGROUND INFORMATION ON LAME CHILD

1. Name of Child _____
2. Sex _____
3. Father's Name _____
4. Head of Household _____
5. Date of birth of child _____
6. Address of Child _____
7. Person interviewed _____
8. Relationship of person interviewed to child _____

III. HISTORY OF ILLNESS RESULTING IN LAMENESS OF THE CHILD

1. Date of onset of lameness _____
2. Address of child at onset of lameness (Outside the district or not) _____
3. Number of doses of polio vaccine received by child preceding onset of lameness _____
4. Medical care during illness resulting in lameness — (circle correct answer)
 - (a) Registered physician (Allopathic/Ayurvedic/Homeopathic) _____
 - (b) Health Centre _____
 - (c) Un-registered physician _____
 - (d) Other (please specify) _____
 - (e) No treatment received _____
5. Did the child have fever at the time of onset of lameness ?

Yes	No
-----	----
6. Was the onset of the lameness acute ?

Yes	No
-----	----
7. Did the lameness progress (increase) after onset ?

Yes	No
-----	----

IV. PHYSICAL EXAMINATION OF CHILD (Circle correct answer)

1. Paralysis of lower limb present

Yes	No
-----	----
2. Affected Limb

Right	Left	Both
-------	------	------
3. Type of Paralysis present

Flaccid	Spastic	No Paralysis
---------	---------	--------------
4. Sensation in affected limbs

Normal	Impaired
--------	----------
5. Muscle atrophy (wasting) in affected limb

Yes	No
-----	----
6. Gait

Normal	Impaired	Requires assistance	Unable to evaluate
--------	----------	---------------------	--------------------

V. EVALUATION OF LAMENESS (Circle appropriate answer)

1. Lameness not present
2. Lameness present
 - (a) does not require mechanical aid to walk
 - (b) requires mechanical aid to walk
 - (c) unable to walk

VI. PHYSICIAN'S DIAGNOSIS ON CAUSE OF LAMENESS (Circle appropriate answer)

1. Poliomyelitis _____
2. Trauma (please specify) _____
3. Congenital deformity (please specify) _____
4. Other (please specify) _____

Signature of Medical Officer

INVESTIGATION OF NEONATAL DEATHS

To be completed by the Medical Officer on all infants who died within the 1st month of life (a separate form for each neonatal death).

I. GENERAL INFORMATION

1. State/ U.T. _____
2. District _____
3. Town (Mohalla) / PHC (Village) _____
4. Physician's Name _____
5. Date _____
6. Cluster No. _____

II. BACKGROUND INFORMATION ON NEONATAL DEATH

1. Name of Child _____
2. Sex of Child _____
3. Father's Name _____
4. Head of Household _____
5. Date of Birth of Child _____
6. Address of Child _____
7. Name of Person interviewed _____
8. Relationship of Person interviewed to Child _____
9. Date of Death of Child _____

III SYMPTOMS PRECEDING INFANT'S DEATH (PLEASE CIRCLE APPROPRIATE ANSWER)

- | | | |
|--|-----|----|
| 1. Was the infant able to suck milk after birth ? | Yes | No |
| 2. Did the infant stop sucking milk when illness began ? | Yes | No |
| 3. Did the infant have a fever ? | Yes | No |
| 4. Did the infant have convulsions ? | Yes | No |
| 5. Was the infant noted to be stiff ? | Yes | No |

IV INFANTS CARE SINCE BIRTH (PLEASE CIRCLE APPROPRIATE ANSWER)

1. Who delivered the child ?
 - Doctor/LHV/ANM
 - Dai (trained)
 - Dai (untrained)
 - Non-Dai family members
 - Other (please specify) _____
2. Where the child delivered ?
 - Hospital/Health centre
 - Home
 - In the Fields
 - Other (please specify) _____
3. When the child became ill, who treated the child ?
 - Government health centre
 - Registered Physician (Allopathic/Ayurvedic/Homeopathic)
 - Un-registered Physician
 - No treatment was received

V MOTHER'S IMMUNIZATION HISTORY

1. Does the mother know about vaccination with TT ? Yes No (Circle)
2. Number of doses received during this pregnancy _____

VI OTHER INFORMATION ON MOTHER

1. Is the mother alive ? Yes No (Please circle)
2. If dead, date of death _____
3. Symptoms preceding death _____

VII MEDICAL OFFICER'S DIAGNOSIS

1. Cause of Neonatal Death _____
2. Cause of Mother's Death _____

Signature of Medical Officer

UNIVERSAL IMMUNIZATION PROGRAMME COVERAGE SURVEY HOUSEHOLD FORM

DISTRICT : _____

Cluster No : _____

Range of birth dates : _____

Date : _____

From : _____

Locality : _____

Till : _____

CHILD NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE												
IMMUNIZATION CARD	Yes											
	No											
DPT 1	Date											
	Source											
DPT 2	Date											
	Source											
DPT 3	Date											
	Source											
POLIO 1	Date											
	Source											
POLIO 2	Date											
	Source											
POLIO 3	Date											
	Source											
MEASLES	Date											
	Source											
B C G	Date											
	Scar + or 0											
	Source											

TALLY OF HOUSEHOLD VISITED : _____

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS

Health Centre - HC _____

Outreach - OUT

Non-Governmental / private - PRV _____

Time started : _____

Evaluator : _____

Time finished : _____

Signature : _____

REASONS FOR IMMUNIZATION FAILURE

(to be used with cluster sampling)

CHILD NUMBER OF CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL	
Immunization status		Fully Immunized											
		Partially Immunized											
		Not Immunized											
Lack of Information	1. Unaware of need for immunization												
	2. Unaware of need to return for 2nd or 3rd dose												
	3. Place and/or time of immunization unknown												
	4. Fear of side reactions												
	5. Wrong ideas about contra-indications												
	6.												
Lack of Motivation	1. Postponed till another time												
	2. No faith in immunization												
	3. Rumours												
	4.												
obstacles	1. Place of immunization too far to go												
	2. Time of immunization inconvenient												
	3. Vaccinator absent												
	4. Vaccine not available												
	5. Mother too busy												
	6. Family problem, including illness of mother												
	7. Child ill, not brought												
	8. Child ill, brought but not given												
	9. Long waiting time												
	10.												
	11.												

Note : Ask only one question : i.e. "Why was the child not immunized ?" or

"Why was the child not fully immunized ?" _____

Mark (✓) the most relevant reason(s) according to your judgement

UNIVERSAL IMMUNIZATION PROGRAMME **MOTHER COVERAGE SURVEY HOUSEHOLD FORM**

DISTRICT : _____

Cluster No : _____

Range of birth dates : _____

Date : _____

From : _____

Locality : _____

Till : _____

MOTHER NUMBER IN CLUSTER		1	2	3	4	5	6	7	8	9	10	TOTAL
BIRTH DATE OF CHILD												
IMMUNIZATION	Yes											
CARD	Other records											
TT 1	Date											
	Source											
TT 2	Date											
	Source											
ANTENATAL CARE	Yes											
	Iron and Folic Acid Tabs.											
PLACE OF DELIVERY	HC/HOSP											
	Home											
	Other											
ATTENDED BY	Health staff											
	Trained dai											
	Untrained dai											
	Other											

SOURCE (PLACE OF IMMUNIZATION) : Hospital - HOS Health Centre - HC
 Outreach - OUT Non-Governmental/Private - PRV

Time started : _____

Evaluator name : _____

Time finished : _____

Signature : _____

02535

CH/31

ADDITIONAL QUESTIONS FOR THE CLUSTER SURVEY

CLUSTER NO.

CHILD NUMBER OF CLUSTER	1	2	3	4	5	6	7	8	9	10	TOTAL
1. Does anyone in the household know the names of diseases prevented by immunization ?											
None known											
Diphtheria											
Pertussis											
Tetanus											
Poliomyelitis											
Measles											
Tuberculosis											
2. Does anyone in the household know that 3 doses of DPT vaccine is required ?											
Yes											
No											
3. Where did they receive most of their information about immunization ?											
Health staff											
Volunteer											
Relatives											
Neighbour											
Radio/Television											
Newspapers/posters											
Others											
Did not receive											
Do not know											

FORM FOR SURVEY OF LAME CHILDREN AND NEONATAL DEATHS

DISTRICT

CLUSTER NO.

CLUSTER NAME :

Time started :

Period :

Time finished :

HOUSEHOLD NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

HOUSEHOLD NO	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

HOUSEHOLD NO.	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

If there is no child, put "O" and go to the next household

Note the number of children under 5 years

If there are lame children in the household, put the number and list these in the attached form

If there are no lame children, put "O".

Note number of births in the last one year

Note number of deaths in the last one month/year

Note particulars of all deaths in attached form

FORM FOR SURVEY OF LAME CHILDREN AND NEONATAL DEATHS

DISTRICT

CLUSTER NO.

CLUSTER NAME :

Time started :

Period :

Time finished :

HOUSEHOLD NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

HOUSEHOLD NO	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

HOUSEHOLD NO.	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

If there is no child, put "O" and go to the next household

Note the number of children under 5 years

If there are lame children in the household, put the number and list these in the attached form

If there are no lame children, put "O".

Note number of births in the last one year

Note number of deaths in the last one month/year

Note particulars of all deaths in attached form

FORM FOR SURVEY OF LAME CHILDREN AND NEONATAL DEATHS

DISTRICT

CLUSTER NO.

CLUSTER NAME :

Time started :

Period :

Time finished :

HOUSEHOLD NO.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

HOUSEHOLD NO	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

HOUSEHOLD NO.	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	TOTAL
No. of children < 5 yrs.																										
No. of children lame																										
No. of births within 1 year																										
No. of deaths within 1 month / yr																										

If there is no child, put "O" and go to the next household

Note the number of children under 5 years

If there are lame children in the household, put the number and list these in the attached form

If there are no lame children, put "O".

Note number of births in the last one year

Note number of deaths in the last one month/year

Note particulars of all deaths in attached form

LIST OF NEONATAL DEATHS

DISTRICT

CLUSTER NO.

CLUSTER NAME :

Period

Sr. No.	Name of child	Address	Age Date of Birth	Sex	Date of Death	Immunization Status	Delivered by	Diagnosis
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

PROBABLE NNT :

Infant was able to suck after birth

Stopped sucking after few days

Convulsions

Stiffness

Fever

Immunization status of mother in number of TT doses. Check immunization registers if available.

LIST OF LAME CHILDREN (UNDER < 5 YEARS)

DISTRICT

CLUSTER NO.

CLUSTER NAME :

Period

Sr. No.	Name of child	Address	Age Date of Birth	Sex	Year of Onset	Immunization Status	Residence	Diagnosis at Onset
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

PROBABLE POLIO :

History of acute febrile illness;

History of abrupt onset of weakness or paralysis of the leg(s) and/or arms;

No progression of paralysis after the first three days;

Paralysis not associated with trauma;

Paralysis not present from birth or associated with mental retardation.

Number of doses of OPV prior to illness. Check immunization cards or registers if available.

Notes

Notes

Notes

